

STATE OF VERMONT
Board OF MEDICAL PRACTICE
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AHS.VDHMedicalBoard@vermont.gov

CERTIFICATION OF MEDICAL PRACTICE LIMITATION
MEDICAL RESERVE CORPS

In accordance with Section 1395(c) of Title 26, Vermont Statutes Annotated, I hereby certify that I have applied for a license from the Vermont Board of Medical Practice to practice medicine in the State of Vermont. I further certify as follows:

1. I will limit my medical practice in Vermont to providing *pro bono* (free of charge) services with the Medical Reserve Corps in Vermont:
2. I hold an unrestricted license to practice medicine in all jurisdictions where I am currently licensed to practice medicine:

(Jurisdiction[s])

3. I have filed with the Board, on the Board's online application form, information on my medical qualifications, professional discipline, criminal record, malpractice claims, and any other such information as the Board may require. I understand that this Certification shall not be deemed complete until the Board determines that all required information has been filed and that I have met all the Board's criteria for licensure.
4. I understand and agree that a license granted in accordance with this Certification authorizes me to practice medicine only on a voluntary basis in Vermont.

(Printed Name)

(Signature)

(Date Signed)